2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2006
Secretary of State

DOCUMENT# L05000101272

Entity Name: TOTAL RESIDENTIAL SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

409 CHANCELLOR COURT
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4417 13TH STREET
SUITE 460
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-3623716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAKEY, CHAD E
409 CHANCELLOR COURT
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LAKEY, CHAD E
Address: 409 CHANCELLOR COURT
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR (X) Delete
Name: LAKEY, JAMES R
Address: 214 OHIO AVENUE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHAD LAKEY MGR 01/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date